

FOR PAPER FILING ONLY

Statement of Expenditures

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Prescribed by Secretary of State 2-20

Name of Contributor to Fund			
FRIENDS OF LEARDON			
To Whom Paid	M	D	Y
FRIENDS OF ZACH SCOTT	01	07	15
Amount	152.98		
Address			
500 S. FOURTH ST GENERAL			
City	State	Zip Code	Check Number
COLUMBUS	OH	43206	97985765
To Whom Paid	M	D	Y
Amount			
Address			
City	State	Zip Code	Check Number
	OH		
To Whom Paid	M	D	Y
Amount			
Address			
City	State	Zip Code	Check Number
	OH		
To Whom Paid	M	D	Y
Amount			
Address			
City	State	Zip Code	Check Number
	OH		
To Whom Paid	M	D	Y
Amount			
Address			
City	State	Zip Code	Check Number
	OH		
To Whom Paid	M	D	Y
Amount			
Address			
City	State	Zip Code	Check Number
	OH		
To Whom Paid	M	D	Y
Amount			
Address			
City	State	Zip Code	Check Number
	OH		
To Whom Paid	M	D	Y
Amount			
Address			
City	State	Zip Code	Check Number
	OH		